

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1. Date of Request: _____		2. Serial/Patent # 10/518711			
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT	
<input type="checkbox"/>	Filing	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> PER VALUE ACCOUNTABILITY DEPOSIT ACCOUNT NO. 15 0030 FEE VALUE CODE FURNISHED 1632/500 164 400 </div>		\$	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input checked="" type="checkbox"/>	Other			\$ 100	
		7. TOTAL AMOUNT OF REFUND		\$ 100	
		8. TO BE REFUNDED BY:			
10. REASON:		Treasury Check			
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:			
<input type="checkbox"/>	Duplicate Payment	9. <div style="border: 1px solid black; display: inline-block; padding: 2px;">1 5 -- 0 0 3 0</div>			
<input type="checkbox"/>	No Fee Due (Explanation):				
11. REFUND REQUESTED BY:					
TYPED/PRINTED NAME: _____		TITLE: _____			
SIGNATURE: _____		PHONE: 703-308-9140-206			
OFFICE: _____					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____		DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: